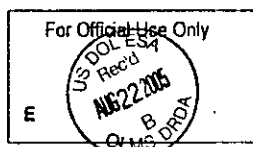


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3718</u>	2. Fiscal Year Covered From: <u>AMENDED</u> <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>MARK</u> <u>C</u> <u>POLICE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2161 W. GRAND BLVD</u> City <u>DETROIT</u> State <u>MI</u> ZIP Code + 4 <u>48208</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS LOCAL 1191 AFL-CIO</u> Labor Organization File Number <u>018156</u> P.O. Box, Building and Room Number, if any _____ Street <u>2161 W. GRAND BLVD</u> City <u>DETROIT</u> State <u>MI</u> ZIP Code + 4 <u>48208</u>
5. Position in labor organization. <u>SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Mark Police On 8-15-05 313-894-2241
Date Telephone Number

Name of Person Filing

MARK POLICE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SPARTAN TRAVEL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3032 LAKE HANSING RD

City EAST LANSING

State MI ZIP Code + 4 48823

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MICH LABORERS TRAINING APPRENTICES FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 CENTURION DR

City EAST LANSING

State MI ZIP Code + 4 48917

11.a. Nature of such dealing.

JOINT BOARD OF TRUSTEE
MEETING MICH LABORERS FENCE
BENEFIT FUND'S

11.b. Approximate dollar value of such dealing.

411.27

12.a. Nature of interest held or income received.

TRANSPORTATION & LODGING
EXPENSES

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborer's Employer's Cooperation Education Trust

Trade Name, if any: LECET

P.O. Box, Bldg., Room No., if any

Street 905 16th St NW

City Washington

State DC ZIP Code + 4 20006

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LECET secure project & jobs increase union market share for members & union contractors

11.b. Approximate dollar value of such dealing. 140.00

12.a. Nature of interest held or income received.

attended T&E Fund Conference Reception, & Misch. Board Meeting meal.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS' HEALTH & SAFETY FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 905 16th St N.W.

City Washington

State DC ZIP Code + 4 20006

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Provides Health & Safety Benefits to Locals & Members

11.b. Approximate dollar value of such dealing. 26,71

12.a. Nature of interest held or income received.

meeting at restaurant about health care cost

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer _____ or Consultant _____ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LABORERS METROPOLITAN DETROIT HEALTH CARE FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street **6525 CONTOUR RD.**

City **LANSING**

State **M.** ZIP Code + 4 **48917**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

**LABORERS INTERNATIONAL
TR. FUND CONF.
HEALTH CARE & APPRENTICESHIP EDUCATIONAL
SEMINARS**

11.b. Approximate dollar value of such dealing. **1596.11**

12.a. Nature of interest held or income received.

TRAVEL & LODGING EXPENSES

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer _____ or Consultant _____ ?

14.b. Amount of payment.